

# KENTUCKY DEPARTMENT OF FINANCIAL INSTITUTIONS

1025 CAPITAL CENTER DRIVE, SUITE 200

FRANKFORT, KENTUCKY 40601

(PH.) 502/573-3390 OR (FAX) 502/573-8787

(800) 223-2579

## COMPLAINT FORM

**INSTRUCTIONS:** Upon receipt of a properly completed "Complaint Form," the Department will review the Complaint and, generally, request a response from the financial institution that is the subject of the Complaint. Based on this information, the Department will decide whether or not to begin a formal investigation. If a formal investigation is begun, it will ordinarily remain confidential until terminated, as will any related documentation. You are invited to attach photocopies (no originals please) of supporting documents to the Complaint Form; however, please note that any documents attached may be subject to disclosure to the public, pursuant to Kentucky's Open Records Law, upon termination of a formal investigation or, if no investigation is formally initiated, at any time.

Please Provide Your Name, Address, And Phone Number:

\_\_\_\_\_  
Last First Middle Initial Street City State Zip  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Your E-mail Address: \_\_\_\_\_

Please Provide The Name, Address, And Phone Number For The Financial Institution Your Complaint Is Against:

\_\_\_\_\_  
Name Street City State Zip

Phone Number of Financial Institution: \_\_\_\_\_

Please briefly describe your complaint below (attach additional pages if necessary):

Please Provide Information Regarding Legal Representation/Action:

Is an attorney representing you in this matter (yes or no): \_\_\_\_\_. If you have an attorney for this matter, may we contact your attorney? (yes or no): \_\_\_\_\_ Please provide the following information:

\_\_\_\_\_  
ATTORNEY: Last Name First Name Law Firm Name/City/State Phone No.

Describe any legal proceeding(s), including docket numbers: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:** By signing this Complaint Form, I acknowledge that (1) the information I have provided is true to the best of my knowledge and belief, (2) I have read and understood the Notice in the paragraph below, and (3) I authorize the Department to send a copy of this Complaint Form to the financial institution that is the subject of the complaint, or to use the information I have provided in any manner deemed necessary or proper by the Department.

**NOTICE:** The Department does not provide personal legal advice, nor will it represent you in court proceedings. Also the Department cannot decide disputes, arbitrate claims or order firms to pay judgments in personal disputes. In order to recover lost funds or obtain comparable relief, you may

have to initiate private legal action; prompt action on your part is critical because state and federal laws known as “statutes of limitations” impose strict time limits on filing law suits. Thus, you may wish to contact an attorney immediately. For names of attorneys in your area, call the Kentucky Bar Association or your local bar association.

\_\_\_\_\_

\_\_\_\_\_

YOUR SIGNATURE

DATE

PLEASE RETURN THE COMPLETED FORM TO THE DEPARTMENT AT THE ADDRESS LISTED ABOVE